

11A/11

EDWARDS & ANGELL, LLP
Dike, Bronstein, Roberts & Cushman
Intellectual Property Practice Group

130 WATER STREET
BOSTON, MASSACHUSETTS 02109-4280
TELEPHONE (617) 523-3400
FACSIMILE (617) 523-6440
www.dbrc.com

WASHINGTON, D.C.
(703) 553-2563

MARLBOROUGH, MA
(508) 485-7772

FACSIMILE TRANSMITTAL COVER SHEET

DATE: April 24, 2001

TO: Examiner J. Riley
(Name)
USPTO Art Unit 1656
(Company)

FAX NO.: 703-305-7939

COUNTRY: _____

FROM: Peter F. Corless

FAX NO.: (617) 523-6440

Our Reference No.: 49165

No. of pages 44
(including cover sheet)

Your Reference No.: 09/152,059

MESSAGE:

REPLACEMENT TRANSMISSION

Should there be any problem with this transmission, please contact Laura McGuire at the above telephone number.

NOTICE

The message and/or information which accompanies this facsimile cover sheet is intended for the addressee named above only. **If you are not the intended recipient, please contact the sender by collect telephone at the number indicated.** You will be advised regarding the disposition of what you have received. The misdelivery of the message and/or information which accompanies this facsimile cover sheet is not intended to be and shall not constitute a disclosure of trade secrets, of attorney work product or of an attorney-client communication. No waiver of any privilege is intended. Thank you for your attention to this matter.

Practitioner's Docket No. 49,165 (71994)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: J. Wengel et al.
Application No.: 09/152,059 Group No.: 1656
Filed: September 11, 1998 Examiner: J. Riley
F r: OLIGONUCLEOTIDE ANALOGUES

**RESPONSE UNDER
37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
2775**

Official
4/24/01
Lee

Box AF
Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☐ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

37 C.F.R. 1.8(a)

37 C.F.R. 1.10*

☐ with sufficient postage as first class mail.

☐ as "Express Mail Post Office to Address"
Mailing Label No. _____ (mandatory)

TRANSMISSION

☒ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: April 24, 2001

Laurel M. McGuire
(type or print name of person certifying)

***WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(h).
"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will **not** be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	11	Minus	20	= 0	x \$0 =	\$0
Indep.	1	Minus	3	= 0	x \$0 =	\$0
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0
Total						Addit. Fee
						\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 04-1105.
If any additional fee for claims is required, charge Account No. 04-1105.



SIGNATURE OF PRACTITIONER

Peter F. Corless

Tel. No.: (617) 523-3400

EDWARDS & ANGELL, LLP

P.O. Box 9169

Boston, MA 02209

Reg. No. 33,860

Customer No.: 21874
139170